

**Health networks: A Belgian perspective**

C. Kiekens

University Hospitals Leuven, Pellenberg, Belgium

**Keywords:** Health networks; Rehabilitation; Belgium; Chronic disease

In Belgium no formal health networks in the field of rehabilitation exist, in contrast with chronic disease care. In 2009 two “trajectories of care” were implemented (type 2 diabetes mellitus and chronic renal failure), based on local multidisciplinary networks between patient, general practitioner and specialist. The objectives are to organise and coordinate the approach, treatment and follow-up of a patient with a specific disease. A financial support is provided. Another form of health networks consists of “programmes of care” (e.g. cardiac pathology, oncology, children and the geriatric patient). These aim at providing the adequate care to a patient at the right moment (hospitalisation, day clinic or ambulatory care) but don’t imply extra financing. Criteria for accreditation are type of care, minimal level of activity, infrastructure, and human resources. Concerning rehabilitation several proposals have been made, none of them yet implemented. In 2007 a three-level stratified rehabilitation model for rehabilitation, organised in a network, was developed<sup>1</sup> and in 2011 the draft for a “programme of care” was published. In the current sixth state reform, part of rehabilitation care will be transferred from the federal to the regional level. Formal networks based on a patient classification system will be mandatory.

<sup>1</sup> [kce.fgov.be/publication/report/organisation-and-financing-of-musculoskeletal-and-neurological-rehabilitation-in-](http://kce.fgov.be/publication/report/organisation-and-financing-of-musculoskeletal-and-neurological-rehabilitation-in-)

<http://dx.doi.org/10.1016/j.rehab.2014.03.1513>

CO94-002-e

**Supporting peoples with brain lesions and disabilities: The organisational model of the TC-AVC 59-62 Network**O. Kozłowski-Moreau<sup>a,\*</sup>, F. Danze<sup>b</sup>, W. Daveluy<sup>c</sup>, M.C. Line<sup>d</sup>,M. Rousseaux<sup>c</sup>, les membres professionnels du Réseau TC AVC 5962<sup>e</sup><sup>a</sup> Réseau TC AVC 59/62, Lille cedex, France<sup>b</sup> Fondation Hopale Berck, France<sup>c</sup> Hôpital Swynghedauw, CHRU Lille, France<sup>d</sup> Réseau TC AVC 5962, CHRU Lille, France<sup>e</sup> Réseau TC AVC 5962, ancien USNB, 8, rue du Pr Laguesse 59037 Lille cedex, France

\*Corresponding author.

**Keywords:** Traumatic brain injury; Stroke; Disabilities; Network; Long following

**Objectives.**— The Network’s mission is to support persons and their family, especially after a traumatic brain injury or a stroke, from the acute phase to the best social and professional reintegration. We describe its main modes of action and its regional and local organization.

**Methods.**— With a regional coordination, the network has developed two main modes of action:

- deployment of 26 places for multidisciplinary follow-up consultations with the physicians of each regional rehabilitation center and participants in the network mobile team who also worked on the place of life (social workers, neuropsychologists, occupational therapist) in order to assess complaints and medico-psycho-social requests, and define a Health Personalized Plan;
- development of pluriannual education trainings, regular information, and 12 thematic working group.

**Results.**— About 1300 persons have been followed since 2003, including 135 in 2013. The support of persons was more prolonged, coordinated and specific. We observed a decrease in fractures in the course, more adapted orientations and satisfaction of patients and their family. Professionals’ knowledge got better.

**Conclusion.**— The person and its family have a better chance to get satisfying life equilibrium with such a regional/local organization.

<http://dx.doi.org/10.1016/j.rehab.2014.03.1514>

**Healthcare networks: From acute care through rehabilitation and community care...Where is rehabilitation in the continuum?**C. Macdonell<sup>a,\*</sup>, V. Raj<sup>b</sup><sup>a</sup> CARF International, Washington, DC, USA<sup>b</sup> Carolinas Rehabilitation, Department of Oncology Rehabilitation, USA

\*Corresponding author.

**Keywords:** Integration of rehabilitation; Healthcare network; Accountability

The development of healthcare networks that contain rehabilitation throughout all stages is critical for the survival and success of rehabilitation and the ability for healthcare to meet the needs of individuals with the need for rehabilitation. Some countries have done a more thorough engagement of rehabilitation in their health care systems. What should a complete rehabilitation healthcare network look like and how can it be developed, nurtured, and made a critical component of health care? The ability for rehabilitation professionals to address the necessity and importance of rehabilitation with measurement of results and transparency with the results and how rehabilitation assists each component be successful is a critical component.

<http://dx.doi.org/10.1016/j.rehab.2014.03.1515>

CO94-004-e

**Social network UNAFTC**

E. Guillermou

Avocat Toulon, Toulon, France

**Keyword:** UNAFTC

The WHO defines health as a state of complete physical, mental and social, not merely the absence of disease or infirmity. In France, the interministerial committee on disability expressed the Government’s commitment to promote the project of life of people with disabilities, to promote their inclusion in light of the increasing complexity of course, with all the risks of ruptures they contain. These breaks are closely linked to the “partitioning” of actors (health, medical and social, social) and the need to improve the coordination of health course. One possible answer to these requirements is the creation of health networks, which abolish partition contrary to the requirements of the international definition, and also allow a life course; These networks begin to emerge and integrate synergies focused on wounded supported then accompanied, the tripod that emerges is that of a golf course of health care and become life course, with temporal boundaries crumbling over time, needs overlapping rather than succeed, it is this organizational issue that significantly modifies the support which is discussed here.

<http://dx.doi.org/10.1016/j.rehab.2014.03.1516>

CO94-005-e

**Medical and rehabilitative care profiles in adults with cerebral palsy in Brittany**C. Pons<sup>a,\*</sup>, S. Brochard<sup>a</sup>, P. Gallien<sup>b</sup>, B. Nicolas<sup>b</sup>, A. Duruflé<sup>b</sup>, M. Roquet<sup>a</sup>, O. Rémy-Néris<sup>a</sup>,R. Garlantezec<sup>c</sup>, le Groupe de recherche sur la paralysie cérébrale en Bretagne<sup>d</sup><sup>a</sup> Service de MPR, CHRU Brest, Brest, France<sup>b</sup> CMPR Notre-Dame-de-Lourdes, Rennes, France<sup>c</sup> École des Hautes Études en santé publique, Rennes, France<sup>d</sup> Bretagne

\*Corresponding author.

**Keywords:** Cerebral palsy; Adults; Medical care; Rehabilitative care; GMFCS

**Introduction.**— The aim of this work was the description of medical and rehabilitative care in a sample of Breton adults with cerebral palsy (CP) as a function of Gross Motor Function Classification System (GMFCS).

**Methods.**— This study was a transversal descriptive study. Between February 2010 and June 2011, 520 questionnaires regarding the current medical and reha-